this observation should be an increased solicitude for that sort of improvement in the nutrition of the patient which would do away with the nervous distress, which is, after all, the central and most threatening feature in the clinical history of diabetes; and in comparison with which, the elimination of sugar and the waste of fatty tissues are but secondary and unimportant matters. A considerable proportion of diabetic patients are, I imagine, practically starved; and this notwithstanding a nominally high standard of diet; simply from the need of a more plentiful supply of fat than is administered to them. Mere animal diet, or animal diet *plus* gluten bread and the less starchy vegetables, will not fill the place of this—nor will anything else."—*British Med. Journ.*, Sept. 17, 1864.

21. *Hereditary Occurrence of Diabetes Mellitus.*—Dr. MOSER relates that a peasant woman, aged 47, consulted him stating that during three weeks she had suffered from intense thirst and passed large quantities of urine. She added that on tasting her urine she found it to be sweet, and that her father, his mother, and two of his sisters had died of diabetes. Examining some urine which she passed in his presence, he found that it exhibited a specific gravity of 1045° and contained a great deal of sugar. Three weeks later the son of this woman, a well-grown, strong lad of 15, exhibited the same symptom, his urine containing also much sugar and having a specific gravity of 1040. Thus diabetes was present in four immediately succeeding generations of this family. —*Med. Times and Gaz.*, Oct. 22, from *Berlin Med. Woch.*, No. 27.

## SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

22. *Calculous Diseases in Russia.*—DR. KLEIN observes (*Langenbeck's Archiv.*, Bd. v. No. 1), that while so many statistical accounts have been published in France, England, and Germany, with respect to the prevalence of calculous affections in these countries, and the results of the different modes of treatment, little beyond mere hearsay has transpired with regard to Russia. Whatever may be the cause of this, it has not arisen from want of material; and having resided for several years as assistant in the Moscow Surgical Clinic, the author is desirous of contributing something towards supplying a desideratum. He believes that in no country is lithiasis more prevalent than in the centre of European Russia, the dwellers in the upper region of the Volga being especially liable to it. The northern and southern portions of the empire furnish a smaller contingent, while in the western provinces the disease is rare. The hospitals of the great towns, especially those of Moscow and Kasan, are the great resorts of these patients; so that, for example, at certain times of the year, a fifth part of the entire number of the patients of the Moscow Surgical Clinic consists of stone cases, more than sixty of these per annum applying for treatment. The great bulk of these persons belong to the class of country people, children being three times more numerous than adults, while so rare is the disease among females, that of 1792 patients treated during the years 1822–60 only four were females. The composition of the calculus is usually compound, pure uric acid or oxalate of lime calculi being rarely met with. The nucleus is usually composed of uric acid and its salts, which is succeeded, in the great majority of cases, by oxalate of lime, while the phosphates often forming the almost entire calculus in other cases, furnish only the outer layers. In Russia, uric acid calculi are found much less often than in the rest of Europe, the oxalates and phosphates being much more frequently met with. It is to be presumed that the almost exclusive use of vegetable food and sour drinks by the peasantry may contribute to the prevalence of the oxalates, although that other unknown causes are in operation is seen by the fact of the disease being met with soon after birth and during lactation.

It often happens that adults only apply to the hospital when the disease has become too advanced to admit of an operation being performed, and even in children the stone has frequently been allowed to attain a large size. Chiefly in consequence of this delay in seeking relief, lithotomy has usually been the operation resorted to. Unfortunately, the statistics of the Russian hospitals have not as yet been published, and the author is obliged to confine himself to a statement of the results obtained at some of the Moscow hospitals, as reported by Dr. Bassoff or observed by himself. These figures are, however, larger than those published in English and French treatises, and refer to 2968 cases treated in 1804–41, and to 1518 treated in 1822–60, making a total of 4486 cases. In the first series of operations, there were 2694 recoveries and 274 deaths; in the second, 1240 recoveries and 278 deaths—*i. e.*, a total of 4486 cases, with 3934 recoveries and 552 deaths. This amount of success, which the author has good reason to believe has been also attained in other Russian hospitals, is somewhat superior to that obtained by English and French operators, and is in a great measure due to the large proportion of children which furnished the cases operated upon. Lithotrity, up to 1860, has been performed in the Moscow Hospital upon 222 patients. In 24 cases it had to be supplemented by lithotomy, 19 of the patients dying, and 5 recovering. Of the other 198 cases, complete recovery took place in 167, and 31 proved fatal. The proportion of deaths (1 in 6.35) was greater than that attendant upon lithotomy (1 in 8), the greater ages of the patients submitted to it having, however, to be borne in mind. In 62 cases, occurring in patients from one to fifteen years of age, 6 only terminated fatally. In 24 cases, a single *séance* sufficed for the removal of the entire stone, which in several instances measured eleven lines. As to the cause of death after lithotrity, this almost always arose from acute kidney disease and its consequences, cystitis being seldom met with, while in patients dying after lithotomy, urinary infiltration, cystitis, peritonitis, and pyæmia were the usual occurrences. Kidney disease, then, should be considered as an almost absolute contra-indication to lithotrity, as even the gentlest manipulation may then be followed by the worst consequences. In the Moscow Clinic, 405 patients were operated upon for stone during 1849–59. Of these, 293 were children (1 to 15 years of age), and 112 adults (15 to 65). Lithotrity was performed 30 times in the first category of cases, and 55 times in the last; so that of 10 children, 9 were operated upon by lithotomy and 1 by lithotrity; and of every 2 adults, 1 underwent lithotomy and the other lithotrity. Lithotrity was also performed upon 4 females with success. —*Brit. and For. Med.-Chir. Rev.*, Oct. 1864.

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23. *On Phimosis, in relation to Hernia in Infancy.*—Dr. Friedberg some time since called the attention of the profession to the influence which narrowness of the prepuce exercises in the production of hernia in children, in consequence of the straining during the passage of urine which it gives rise to. This condition of things being relieved, the hernia soon becomes cured, even without the application of a truss. In the present paper he brings forward additional evidence, derived from the observation in his clinic of 111 cases of hernia occurring in children, at ages varying from eight days to one year. An analysis of these cases leads him to the following conclusions: 1. The number of boys exceeded that of the girls by 62 per cent. 2. Of the boys, 27.7 per cent. suffered from aggravated congenital phimosis. 3. The number of boys in whom more than one hernia existed was nearly double in those who were labouring under a high degree of phimosis. 4. After operating for the phimosis, the hernia disappeared in a remarkably short time, and quickly in proportion as the child was younger. It is not meant to be asserted that phimosis always impedes the flow of urine, and causes an amount of straining which, in those children in whom the passages remain more open than usual, may give rise to hernia. This is only the case in aggravated phimosis, which compresses the glands, and compels the child to make great and painful efforts. In moderate phimosis no such compression is produced, unless, indeed, as may happen, inflammatory action is induced by the retention of preputial secretion. When in a child with phimosis there is great straining of the abdominal muscles, incision of the prepuce is indicated; and after the incision has been made, the mucous membrane should be carefully raised from the glands by means of a director, so that all constriction may be